



CITY OF BOUNTIFUL

EMPLOYMENT APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK  
ALL APPLICATIONS WILL BE RETAINED FOR SIX MONTHS

As a means of accommodation to persons with disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling (801) 298-6140.

1. List the kind of positions desired. 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

2. Name \_\_\_\_\_  
First Name Middle Name Last Name

3. Address \_\_\_\_\_  
Street City State Zip Code

4. Phone No. Home \_\_\_\_\_ Bus. \_\_\_\_\_

5. Professional or Trade License Certificates or Registrations:

\_\_\_\_\_ Kind No. State

6. What is the lowest entrance salary you will accept for any position? \$ \_\_\_\_\_ Per Month  
NOTE: You will not be interviewed for any position which the starting salary pay is less than you indicated.

7. Have you ever been discharged or forced to resign from a position? ☐ Yes ☐ No  
(If yes, please explain fully on a separate sheet.)

8. Have you ever been convicted of violating any Criminal Law other than Minor Traffic Offenses? ☐ Yes ☐ No  
(If yes, explain fully on a separate sheet.)

EDUCATION

9. High School Graduate? ☐ Yes ☐ No  
(If no, circle highest year completed.) 1 2 3 4 5 6 7 8 9 10 11 12

Typing  
Speed (rate) \_\_\_\_\_

College, Business or Trade Schools Attended Name and Location (City) of School		Amount of Credits Earned	Degree (B.S., B.A., M.A.)
		Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Hrs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type
		Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Hrs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Type

RETURN TO CITY OF BOUNTIFUL, CITY HALL, 790 SOUTH 100 EAST, BOUNTIFUL, UTAH 84010  
Phone No. (801) 298-6142

EQUAL OPPORTUNITY EMPLOYER

## EXPERIENCE

10. Beginning with present or most recent experience, account for all employment during **THE LAST 10 YEARS**. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. Include military service, if applicable. Also include non-paid (volunteer type) employment.

Firm Name _____	Full Time <input type="checkbox"/>	LENGTH OF EMPLOYMENT From _____ 20____
Address _____	Part Time <input type="checkbox"/>	To _____ 20____
Job Title _____	Volunteer <input type="checkbox"/>	Hours Worked Per Week _____
		Salary: \$ _____ per _____
Duties _____		

  

Firm Name _____	Full Time <input type="checkbox"/>	LENGTH OF EMPLOYMENT From _____ 20____
Address _____	Part Time <input type="checkbox"/>	To _____ 20____
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Address _____	Part Time <input type="checkbox"/>	To _____ 20____
Job Title _____	Volunteer <input type="checkbox"/>	Hours Worked Per Week _____
		Salary: \$ _____ per _____
Duties _____		

11. Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
12. If there is any other information the applicant would like to make Bountiful City aware of, please attach it in writing to this application.
13. CERTIFICATE OF APPLICANT. (Carefully read before signing)

**I authorize investigation of all statements contained in this application, and a check of my criminal history, traffic record, previous employment and educational background. I release Bountiful City and providers of information from any liability as a result of furnishing and receiving any information in this hiring process. I understand that I will be required to submit to a pre-employment drug test as a condition of employment. I certify that all information provided by me in connection with this application is true and complete, and understand that misrepresentation or omission of facts in this application is cause for disqualification of the application and/or separation from employment.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant